

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>10/13/05</u>		2 Serial/Patent # <u>10/532,313</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
	Filing			\$						
	Amendment			\$						
	Extension of Time			\$						
	Notice of Appeal/Appeal			\$						
	Petition			\$						
	Issue			\$						
	Cert of Correction/Terminal Disc.			\$						
	Maintenance			\$						
	Assignment			\$						
	Other			\$						
		7 TOTAL AMOUNT OF REFUND		\$100.00						
		8 TO BE REFUNDED BY:								
10 REASON:		Treasury Check								
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:								
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					--			
		--								
<input type="checkbox"/>	No Fee Due (Explanation):									
Credit Card Refund										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Barbara Campbell</u>		TITLE: _____								
SIGNATURE: <u>[Signature]</u>		PHONE: _____								
OFFICE: <u>PCT/DA/EO</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****										
APPROVED: _____		DATE: _____								
		Credit Card Refund Total: \$100.00								
		An Exp.: XXXXXXXXXXXXX1000								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: